DEPARTMENT OF HEALTH AND HUMAN SERVICES
INSTALLMENT REPAYMENT AGREEMENT FOR
TRANSFERRING PERSONNEL - NOT TO EXCEED ONE YEAR

I, _____ , an employee of the Department of Health and Human Services, (Component Name) _____ , acknowledge that as of (date including year) _____ , I am indebted to the Department in the amount of $ _____ . The debt consists of $ _____ principal; and accrued late payment charges of $ _____ interest, $ _____ administrative costs, and $ _____ penalty. It arose as a result of my failure to repay the Department for (insert reason)

_____

_____

I hereby certify under penalty of perjury that I am financially unable to repay the debt in full in a single payment and request to be allowed to repay it in installments instead of having it offset from my salary or other funds that may be due me.

TERMS OF THE REPAYMENT AGREEMENT

Repayment of $ _____ (existing principal and all accrued to date late payment charges) with financing charges of _____ percent (Private Consumer Rate in effect on date of agreement) in _____ equal payments of $ _____ payable on the dates listed below. Financing interest over the length of the agreement will amount to $ _____ .

PAYMENT DUE DATES

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____
   7. _____
   8. _____
   9. _____
10. _____
11. _____
12. _____

Payments must be made out to the Department of Health and Human Services and be received by the Finance Office at the address noted below on or before the payment due date. Failure to pay any payment on time will result in this repayment agreement being declared in default. Without further notice, any amount owed at the time of default will be referred to your employing agency for offset against your salary or other funds due to you.

<div align="center">

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Insert mailing address)

_____

_____

_____

</div>

I have read the above repayment agreement and I understand and agree to its terms and conditions as witnessed here by my signature.

_____   _____
Employee's Signature   Date

_____
Current Home Address

_____
City, State, Zip Code

FINANCE OFFICE APPROVAL

I hereby approve the repayment of the above cited debt by installments.

_____   _____
Approving Official's Signature   Date

_____
(insert name and title of approving official)

_____
(insert location of approving official)